

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Neurodevelopmental Centers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 03-42 MAA
Issued: July 1, 2003

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 02-40 MAA
02-99 MAA

Subject: Neurodevelopmental Centers: Fee Schedule Changes

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs);
- The Year 2003 additions of Current Procedural Terminology (CPT™) codes; and
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes.

Maximum Allowable Fees

MAA is updating the fee schedule with Year 2003 RVUs. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the updates listed above.

Coding Changes

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standardized set of procedure codes. MAA is discontinuing all state-unique procedure codes and modifiers and will require the use of applicable CPT and HCPCS procedure codes. MAA is currently upgrading its claims processing system, and state-unique procedure codes used in the Neurodevelopmental Centers Program will be discontinued by October 2003. MAA will notify providers of all coding changes in a later memorandum.

Pediatric Evaluations

Modifier 1C is discontinued. Use **modifier HA** with CPT codes 99201-99215 to receive higher reimbursement for these services when using the parent's PIC to bill for services for an infant who has not received his or her own PIC.

<p>Modifier HA: Child/adolescent program</p>

Attached are updated replacement pages 9-18 for MAA's Neurodevelopmental Centers Billing Instructions, dated September 2000. To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Bill MAA your usual and customary charge.

Audiology

Who is eligible to perform audiology services? [WAC 388-545-0700 (1)(c)]

An audiologist who is appropriately licensed or registered to perform audiology services within their state of residence.

What type of equipment must be used?

Audiologists must use yearly calibrated electronic equipment, according to RCW 18.35.020.

Occupational Therapy

Who is eligible to provide occupational therapy? [Refer to WAC 388-545-0300(1)]

- A licensed occupational therapist;
- A licensed occupational therapy assistant supervised by a licensed occupational therapist; or
- An occupational therapy aide, in schools, trained and supervised by a licensed occupational therapist.

Fee Schedule



Note: A program unit is based on the CPT code description. If the description does not include time, the procedure equals one unit, regardless of how long the procedure takes.

If time is included in the CPT code description the beginning and ending times of each therapy modality must be documented in the client's medical record.

Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT code descriptions. To view the full descriptions, please refer to your current CPT book.

PHYSICAL THERAPY

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
<u>Tens Application</u>			
64550	Apply neurostimulator	\$17.06	\$5.46
<u>Muscle Testing</u> (The maximum allowable is for payment in full, regardless of time required.)			
95831	Limb muscle testing, manual	18.65	9.55
95832	Muscle testing manual	17.06	9.55
95833	Body muscle testing, manual	24.80	16.15
95834	Body muscle testing, manual	27.30	20.25
95851	Range of motion measurements	16.84	5.69
95852	Range of motion measurements	13.42	3.87

PHYSICAL THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Modalities			
97010	Hot or cold packs therapy	Bundled	Bundled
97012	Mechanical traction therapy	\$9.10	\$9.10
97014	Electrical stimulation therapy	8.64	8.64
97016	Vasopneumatic device therapy	8.64	8.64
97018	Paraffin bath therapy	4.09	4.09
97020	Microwave therapy	2.96	2.96
97022	Whirlpool therapy	9.10	9.10
97024	Diathermy treatment	2.96	2.96
97026	Infrared therapy	2.96	2.96
97028	Ultraviolet therapy	3.64	3.64
(For the procedures listed below, the therapy provider is required to be in constant attendance.)			
97032	Electrical stimulation	10.01	10.01
97033	Electrical current therapy	12.51	12.51
97034	Contrast bath therapy	8.64	8.64
97035	Ultrasound therapy	7.51	7.51
97036	Hydrotherapy	14.11	14.11
97039	Physical therapy treatment	7.28	7.28

PHYSICAL THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
<u>Therapeutic Procedures</u>			
(Therapy provider is required to be in constant attendance.)			
97110	Therapeutic exercises	\$17.06	\$17.06
97112	Neuromuscular re-education	17.52	17.52
97113	Aquatic therapy/exercises	18.20	18.20
97116	Gait training therapy	15.02	15.02
97124	Massage therapy	13.65	13.65
97139	Physical medicine procedure	9.78	9.78
97140	Manual therapy	16.15	16.15
97150	Group therapeutic procedures	11.38	11.38
97504	Orthotic training	17.29	17.29
97520	Prosthetic training	16.84	16.84
97530	Therapeutic activities	17.29	17.29
97535	Self care mngment training	18.65	18.65
97537	Community/work reintegration	16.61	16.61
97542	Wheelchair mngment training	Not Covered	
97545	Work hardening	Not Covered	
97546	Work hardening add-on	Not Covered	
97601	Wound care selective	24.12	24.12
97602	Wound care non-selective	19.11	10.01

PHYSICAL THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Tests and Measurements			
97001	Pt evaluation	\$44.82	\$38.45
97002	Pt re-evaluation	24.12	19.34
97005	Athletic evaluation	Not Covered	
97006	Athletic re-evaluation	Not Covered	
97703	Prosthetic checkout	13.65	
97750	Physical performance test	17.52	
Other Procedures			
0002M*	Custom splint (cockup and/or dynamic supply)	47.76	
97532	Cognitive skills development	Not Covered	
97533	Sensory integration	Not Covered	
97799	Unlisted physical medicine rehabilitation service or procedure	By Report	

*State-unique code

TEAM CONFERENCES

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
99361	Physician/team conference	\$40.49	\$27.98
99362	Physician/team conference	71.89	55.74

PEDIATRIC EVALUATION

Procedure Code/ Modifier	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
New Patient			
99201	Office/outpatient visit, new	\$33.48	\$22.08
99202	Office/outpatient visit, new	60.20	44.17
99203	Office/outpatient visit, new	89.76	67.32
99204	Office/outpatient visit, new	127.52	99.74
99205	Office/outpatient visit, new	162.07	132.86
Established Patient			
99211	Office/outpatient visit, est	19.95	8.55
99212	Office/outpatient visit, est	35.62	22.44
99213	Office/outpatient visit, est	49.16	33.13
99214	Office/outpatient visit, est	77.30	54.50
99215	Office/outpatient visit, est	113.27	87.98

Note: **Modifier 1C is discontinued.** Use **modifier HA** with CPT codes 99201-99215 to receive higher reimbursement for these services when using the parent's PIC to bill for services for an infant who has not received his or her own PIC.

Modifier HA: Child/adolescent program

SPEECH THERAPY

Procedure Code/ Modifier	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists and Speech-Language Pathologists			
92506	Speech/hearing evaluation	\$57.56	\$29.57
92507	Speech/hearing therapy	48.00	17.52
92508	Speech/hearing therapy	39.36	8.87
92510	Rehab for ear implant	83.27	53.92
92551	Pure tone hearing test, air	10.18	10.18
97532	Cognitive skills development	14.79	14.79
97533	Sensory integration	15.70	15.70
Audiologists Only			
69210	Remove impacted ear wax	27.75	20.02
92541	Spontaneous nystagmus test	35.26	35.26
92541-TC	Spontaneous nystagmus test	21.38	21.38
92541-26	Spontaneous nystagmus test	13.88	13.88
92542	Positional nystagmus test	35.49	35.49
92542-TC	Positional nystagmus test	24.34	24.34
92542-26	Positional nystagmus test	11.38	11.38
92543	Caloric vestibular test	17.06	17.06
92543-TC	Caloric vestibular test	13.42	13.42
92543-26	Caloric vestibular test	3.64	3.64
92544	Optokinetic nystagmus test	28.66	28.66
92544-TC	Optokinetic nystagmus test	19.57	19.57
92544-26	Optokinetic nystagmus test	9.10	9.10
92545	Oscillating tracking test	26.39	26.39
92545-TC	Oscillating tracking test	18.43	18.43
92545-26	Oscillating tracking test	7.96	7.96
92546	Sinusoidal rotational test	58.92	58.92
92546-TC	Sinusoidal rotational test	48.91	48.91

SPEECH THERAPY (cont.)

Procedure Code/ Modifier	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists Only (cont.)			
92546-26	Sinusoidal rotational test	\$10.01	\$10.01
92547	Supplemental electrical test	31.62	31.62
92552	Pure tone audiometry, air	10.92	10.92
92553	Audiometry, air & bone	16.15	16.15
92555	Speech threshold audiometry	9.33	9.33
92556	Speech audiometry, complete	14.11	14.11
92557	Comprehensive hearing test	28.89	28.89
92567	Tympanometry	12.97	12.97
92568	Acoustic reflex test	9.33	9.33
92569	Acoustic reflex decay test	10.01	10.01
92579	Visual audiometry (VRA)	17.75	17.75
92582	Conditioning play audiometry	17.75	17.75
92584	Electrocochleography	59.83	59.83
92585	Auditor evoke potent, compre	61.20	61.20
92585-TC	Auditor evoke potent, compre	44.36	44.36
92585-26	Auditor evoke potent, compre	16.61	16.61
92586	Evoked auditory test	44.36	44.36
92587	Evoked otoacoustic emissions; limited	36.17	36.17
92587-TC	Evoked otoacoustic emissions; limited	31.62	31.62
92587-26	Evoked otoacoustic emissions; limited	4.78	4.78
92588	Evoked auditory test	47.77	47.77
92588-TC	Evoked auditory test	35.49	35.49
92588-26	Evoked auditory test	12.29	12.29
92589	Auditory function test(s)	13.19	13.19

SPEECH THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists Only (cont.)			
92601	Cochlear implt f/up exam < 7	\$81.67	\$81.67
92602	Reprogram cochlear implt < 7	57.10	57.10
92603	Cochlear implt f/up exam 7 >	54.83	54.83
92604	Reprogram cochlear implt 7 >	37.31	37.31
Speech-Language Pathologist Only			
92526	Oral function therapy	50.05	17.52
92597	Oral speech device eval	65.52	43.68
92605	Eval for nonspeech device rx	Bundled	
92606	Non-speech device service	Bundled	
92607	Ex for speech device rx, 1 hr	68.02	68.02
92608	Ex for speech device rx, addl	13.42	13.42
92609	Use of speech device service	36.86	36.86
92610	Evaluate swallowing function	26.16	26.16

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OCCUPATIONAL THERAPY

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
64550	Apply neurostimulator	\$17.06	\$5.46
97003	OT evaluation	48.00	37.31
97110	Therapeutic exercises	17.06	17.06
97112	Neuromuscular reeducation	17.52	17.52
97504	Orthotic training	17.29	17.29
97520	Prosthetic training	16.84	16.84
97530	Therapeutic activities	17.29	17.29
97532	Cognitive skills development	14.79	14.79
97533	Sensory integration	15.70	15.70
97535	Self-care mngment training	18.65	18.65
97537	Community/work reintegration	16.61	16.61
97703	Prosthetic checkout	13.65	13.65
0002M*	Custom splints (cockup and/or dynamic)	47.76	47.76

*State-unique code